

CERTIFICATION APPLICATION

Applying for (*check only one*):

☐ Minority Business Enterprise (MBE) Certification

☐ Women's Business Enterprise (WBE) Certification

PART A: GENERAL INFORMATION

(1) Legal Business Name	(2) Business or Trade Name
(3) Federal Tax Identification Number (EIN or SSN)	(4) DUNS Number

(5) Mailing Address	(6) Physical Address
<div>(7) Contact Information</div> <div>Contact Person Name _____ Business Fax # _____</div> <div>Business Telephone # _____ Business e-mail Address: _____</div>	

(8) Is the Firm Registered in eVA <input type="checkbox"/> Yes <input type="checkbox"/> No	(9) Year Established	(10) Date Incorporated	(11) Number of Employees
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PART B: BUSINESS OWNERSHIP INFORMATION & CONTROL

(12) Ownership

☐ Sole Proprietorship

☐ Limited Liability Company (LLC)

☐ Limited Liability Partnership (LLP)

☐ Corporation

☐ Partnership

Total Number of Partners: _____

Number of Minority Partners: _____

Number of Non-minority Women Partners: _____

(13) Principal Owner(s)

Ownership%

Gender

M F

Name _____

☐ ☐

Name _____

☐ ☐

Name _____

☐ ☐

(14) If this is a Corporation: Name, Address and Phone Number of Registered Agent

Name _____

Address _____

Telephone # _____

CERTIFICATION APPLICATION

(15) Principal Owner's Minority Type:

- ☐ Asian American (A) ☐ African American (AA) ☐ Hispanic American (HA)
☐ Eskimo and/or Aleut (E) ☐ Member of other group (O) ☐ Native American (NA)

(16) Control

If your business is a Corporation, please answer the following questions:

1. Total number of common shares authorized in Articles of Incorporation: _____
2. Total number of common shares that have been issued: _____
(As reflected in stock ledger, which must be attached)
3. Total number of common shares owned by minorities: _____
4. Total number of common shares owned by non-minority women: _____
5. Has preferred or other classes of stock been authorized? _____ Yes _____ No
 - a. Does stock have voting rights? _____ Yes _____ No
 - b. Total number of shares authorized: _____
 - c. Total number of shares owned by minorities: _____
 - d. Type of stock _____
6. Number of Directors: _____
7. Number of Minority Directors: _____
8. Number of Non-minority Women Directors: _____
9. Please list the person(s) responsible for the daily operations and control of this business:

PART C: INFORMATION ABOUT THE BUSINESS

(17) Please Check the Appropriate Box:

- ☐ Broker ☐ Construction ☐ Manufacturer/Producer ☐ Regular Dealer
☐ Research & Development ☐ Service Establishment ☐ Surplus Dealer ☐ Other _____

(18) Product Line Service

Primary Product Line/Service	NAICS	NIGP Commodity Code
Secondary Product Line/Service	NAICS	NIGP Commodity Code
Secondary Product Line/Service	NAICS	NIGP Commodity Code

(19) Geographic Marketing Area(s)

Please Indicate Your Market Area

- ☐ Central Virginia ☐ Eastern Shore/Tidewater Virginia ☐ Northern Virginia ☐ Southwest Virginia
☐ Other Location _____

(20) Gross Revenue for last 2 years: Year _____ \$ _____ Year _____ \$ _____

